

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3	2		1			
4	2		1			
5						
6			1			
7			1			
8						
9						
10			1			
11						
12						
13			1			
14			1			
15						
16			2			
17			2			
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50						
TOTAL IND.	1		2			
TOTAL DEP.	6	←	13	←		←
TOTAL CLAIMS	7		15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						